



STATE OF LOUISIANA

**DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT (ORM)**

REQUEST FOR PROPOSALS

**Replacement / Enhancement of the
Risk Management Information System**

IT10# 04-223

Issued: August 27, 2003

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Section 1

1.0 GENERAL INFORMATION

The State of Louisiana, Division of Administration, Office of Risk Management, hereinafter referred to as ORM, invites proposals to provide a commercially available multi-line risk management information system (RMIS). This Request for Proposals (RFP) includes a description of the self-insurance program of the ORM and the proposers' responsibilities and requirements with respect to providing a comprehensive solution to include, at a minimum, software, implementation, training and annual maintenance for a period of up to three years.

1.1 OVERVIEW

The Office of Risk Management is a state governmental entity established for the purpose of providing centralized property and casualty insurance coverage for all state entities. It is a unit of the executive branch of government, reportable to the Commissioner of Administration, Division of Administration, and therefore, is an extension of the Governor's Office. The State of Louisiana, through ORM, has appropriate coverage for all casualties without any notable exceptions.

ORM operates satellite offices in New Orleans, Shreveport, Monroe, Lafayette and Pineville. ORM is administered by the Commissioner of Administration, Mark C. Drennen, the State Risk Director, J. S. Thompson, Jr., and the State Risk Assistant Director, Patricia Reed.

ORM provides workers' compensation coverage to all of the State's approximately 114,000 employees. Coverage is provided for State property valued at approximately \$9,594,000,000. ORM also provides coverage for employee bonds, crime, automobile liability and physical damage, comprehensive general liability, personal injury liability, boiler and machinery, medical malpractice, road hazards and miscellaneous tort coverage for those tort claims not otherwise covered. Other coverages are provided as needed, such as excess over self-insurance, specific excess for crime, aviation, wet marine, and bridge property damage.

The use of this risk management information system enables ORM to allocate the annual premiums to each State agency and to handle its claims responsibilities in a timely and efficient manner. There are approximately 250,000 claims stored in the system. The current system is used to track all claims (approximately 15,000 new claims each year), issue checks including workers compensation checks (approximately 7000 per month), issue monthly sales invoices (approximately 800 per year) and track policy data.

ORM is obligated by legislative mandate to handle all claims brought against the State of Louisiana. Currently, ORM uses *Corporate Systems* software as its claims management system. For more than sixteen years, ORM has used this system for its daily claims handling/payments operations. This multi-line claims system provides a cumulative database containing claims information and payments. The system is accessed via a remote/ASP model. *Corporate Systems* provides ORM with an ad hoc reporting capability as well as the ability to generate various mainframe/batch reports at scheduled times throughout the fiscal year. ORM recently added *Corporate Systems'* web-based *TeleClaim Net* to collect First Report of Injury data for workers' compensation claims. *Corporate Systems'* [CS] *Knowledge* is used for ad hoc reporting and data file extraction.

ORM uses other custom-developed and third-party software applications, including:

1. Cost of Risk Allocation (CORA) Support (developed by Division of Administration and Antares Technology Solutions), supports premium development and annual premium billings
2. Hyland Software's OnBase integrated document management software, manage closed claim files, policy files, bid files and property files
3. Marshall & Swift's Commercial Estimator and Residential Estimator, facilitates building and property appraisals
4. Micro Information Products' NPSPPro, manages financial data (chart of accounts) by line of insurance
5. Integrated Statewide Information Systems (ISIS), a customized, comprehensive information system that meets the common accounting, management and information needs of all departments and branches of Louisiana state government, including the central fiscal control agencies. ISIS is used to manage operating expenses and contract invoice payment submissions. ISIS subsystems currently in use include:
 - Advantage Financial System (AFS) (by American Management Systems, Inc.)
 - i. General Ledger, Accounting and Financial Reporting
 - ii. Accounts Payable
 - iii. Project and Grant Management
 - iv. Budget Control
 - Advanced Government Purchasing System (AGPS) (by INFORMS, Inc.)
 - Contract Financial Management System (CFMS) (by INFORMS, Inc.)
 - Budget Development System - Capital Outlay (BDS) (by Andersen Consulting)
6. SAP R/3 Human Resource (HR), provides an integrated human resources/payroll system which encompasses personnel, position control and payroll functions; designed to include major functions of the current Civil Service system, the Uniform Payroll System and internal agency-specific personnel systems
7. Statewide Land and Buildings System (SLABS)/State Agency Movable Property System (STAMPS), developed by the Division of Administration as a mainframe-based system designed to provide ORM with automated calculation of general content exposure values as well as an inventory of exposure values (for insurance purposes) for all movable and intangible property in which the State has an interest. STAMPS enables on-line update of exposure values (changes / deletions / additions of records) in addition to providing the capability to produce various online reports. SLABS facilitates the maintenance of buildings and conveyance documents

ORM currently maintains or would like to establish the following data exchange relationships:

1. CorVel Corporation: coordinates medical bill review
2. Office of Information Services (OIS): supports ISIS and related subsystems
3. Office of Planning and Budget: responsibility for development of the State's operating budget
4. Office of Group Benefits: administers the State's self-funded life and health benefits program
5. Department of Labor: manages the State's Office of Workers' Compensation (Fraud, First Reports) and Second Injury Fund
6. Louisiana State University: manages employee payroll data as well as data related to medical providers affiliated with the State's charity hospital system
7. Department of Transportation: manages employee payroll data
8. Louisiana State Employees Retirement System (LASERS): oversees the State's qualified pension and retirement plan
9. Department of Public Safety: manages motor vehicle records
10. Department of Justice: provides legal expertise (in-house counsel and contract counsel) to handle claims litigation and settlement
11. Office of Statewide Reporting and Accounting Policy (OSRAP): implements, monitors and reviews the disbursement of State funds which includes monitoring the check print process and EFT payment program; responsible for the enrollment of proposer that want to receive payment through electronic funds transfer
12. All State Agencies, Boards and Commissions: may maintain automated systems to track loss data

1.2 GOALS AND OBJECTIVES

ORM is soliciting a solution, via this Request for Proposals (RFP), from qualified proposer to provide a commercially available integrated, multi-line risk management information system. This system should include capabilities designed to adjudicate claims, including litigation management, tracking of allocated expenses, benefit payments, billing and a variety of other types of activities relating to the claims adjudication function. It should support activities relating to the collection and analysis of exposure-related information and generation of user-defined reports. This system should also support the organization's overall underwriting, loss prevention, accounting, statutory, financial management and reporting needs.

Proposer who respond to this RFP and who indicate that they have a product offering which substantially meets and/or exceeds the requirements provided in **Appendix B** and **Appendix D** may be invited to participate in future on-site product demonstrations.

1.3 SCOPE OF WORK

ORM requires the contractor to provide products and services which substantially meet the requirements outlined in **APPENDIX B** and **APPENDIX D**.

Section 2

2.0 ADMINISTRATIVE INFORMATION

2.1 ISSUING OFFICE

The Office of Risk Management, Division of Administration, State of Louisiana issues this Request for Proposal (RFP).

2.2 SCHEDULE OF ACTIVITIES

RFP mailed or delivered to interested proposers	August 27, 2003	
Advertisement in newspaper	August 27, 2003	
Last date for submission of written questions from proposers for this RFP	September 10, 2003	4:00 P.M. Central Time
Last date to respond to proposer inquiries	September 15, 2003	
Proposal submission deadline <u>(No late offers will be accepted)</u>	September 30, 2003	4:00 P.M. Central Time
Proposer on-site demonstrations	October 6 – 10, 2003	
Formal announcement of selected proposer	October 17, 2003	
Estimated Contract execution	November 1, 2003	

NOTE: The State of Louisiana reserves the right to amend and/or change this schedule of RFP activities, as it deems necessary under the circumstances.

2.3 PROPOSER INQUIRIES

Inquiries concerning this Request for Proposals should be submitted in writing to the Office of Risk Management (ORM), directed to:

**Pam Whiteside
Office of Risk Management
Division of Administration
Post Office Box 94095
Baton Rouge, La. 70804-9095
E-mail: pwhites@doa.state.la.us**

To be considered, written inquiries and requests for clarification of the content of this RFP must be received at the above address or via fax at (225) 342-8473 by 4:00 p.m. Central Time on the date specified in the Schedule of Activities (See Section 2.2). Any and all questions directed to Pam

Whiteside will be deemed to require an official response. Official responses to each of the questions presented by the proposers will be posted at <http://www.state.la.us/orm/RMISRFP> by the last date to respond to proposer inquiries as indicated in Section 2.2. It is the responsibility of the proposer to check the web site for the official responses to proposer inquiries.

Only J. S. Thompson, Jr., State Risk Director of the Office of Risk Management, has the authority to officially respond to proposers' questions on behalf of the State. Any communications from any other individuals are not binding to the State.

2.4 ADDENDA, SUPPLEMENTS AND AMENDMENTS TO RFP

In the event that it becomes necessary to revise any part of this RFP, an addendum, supplement or amendment to this RFP will be posted at <http://www.state.la.us/orm/RMISRFP>. It is the responsibility of the proposer to check the web site for the official responses to proposer inquiries.

2.5 PROPOSAL SUBMISSION

Proposals must be received on or before 4:00 P.M. Central Time on the date specified in Section 2.2, Schedule of Activities. Proposers mailing their proposals should allow sufficient mail delivery time to ensure receipt of their proposal by the time specified. The proposal package must be delivered at the proposer's expense to:

**Pam Whiteside
Office of Risk Management
Division of Administration
P.O. Box 94095
Baton Rouge, La. 70804-9095**

For courier delivery, the street address is **1201 North Third Street, Suite G-192, Claiborne Office Building, Baton Rouge, LA 70802**, and the telephone number is **(225) 342-8500**.

The State requires that five copies of the proposal be submitted to the address specified above. At least one copy of the proposal must contain original signatures; that copy should be clearly marked or differentiated from the other copies of the proposal required to be provided by a notation in the lower left corner of the cover (of each volume) with the words **"Signed Original"**. This copy will be retained for incorporation by reference in any contract resulting from this RFP.

A proposal must be signed by a company official or agent duly authorized to sign proposals or contracts on behalf of the organization. A certified copy of a board resolution granting such authority should be submitted.

It is solely the responsibility of each proposer to assure that its proposal is delivered at the specified place and prior to the deadline for submission. Proposals, which for any reason are not so delivered, will not be considered. **Late proposals will not be considered and proposers will be notified.**

The State reserves the right to request clarification and modification of any proposal prior to contract award. The Division of Administration will require Proposer to provide product demonstrations prior to the final selection. Proposer may also be requested to provide additional information. Interviews will be conducted by an evaluation team at a time and place to be announced to the finalists.

Proposals will be valid for sixty (60) days after submission.

2.6 PROPRIETARY INFORMATION

Only information that is in the nature of legitimate trade secrets or non-published financial data may be deemed proprietary or confidential. Any material within a proposal identified as such must be clearly marked in the proposal and will be handled in accordance with the Louisiana Public Records Act, R.S. 44:1-44 and applicable rules and regulations. Any proposal marked as confidential or proprietary in its entirety may be rejected without further consideration or recourse.

2.7 PROPOSAL MATERIAL OWNERSHIP

All responses become the property of the State and will not be returned to the Proposer. All material submitted regarding and in response to this RFP becomes the property of the State of Louisiana. The State shall have the right to use all ideas or adaptations of the ideas contained in any offer received in response to this Request for Proposal. Selection or rejection of this response will not affect this right.

2.8 SUBCONTRACTORS

The State shall have a single prime contractor as the result of any contract negotiation, and that prime contractor shall be responsible for all deliverables referenced in the RFP or proposal. This general requirement notwithstanding, proposers may enter into subcontractor arrangements. Proposers may submit a proposal in response to this RFP, which involves subcontract(s) with others, provided that the prime contractor acknowledges total responsibility for the entire contract.

Unless provided for in the contract with the State, the prime contractor shall not contract with any other party for furnishing any of the work and professional services herein contracted for without the express written approval of the State.

If a proposer intends to subcontract portions of the work, the proposer should include specific designations of the tasks to be performed by the subcontractor. Information required of the proposer under the terms of this RFP is also required for each subcontractor.

2.9 REJECTION OF PROPOSALS

Issuance of this RFP in no way constitutes a commitment by the State to award a contract. The State reserves the right to accept or reject, in whole or part, all proposals submitted and/or to cancel this announcement.

2.10 COMPLETENESS OF INFORMATION

Failure to adequately furnish information specifically required in this solicitation may disqualify an offer.

The proposed price must include any and all costs the contractor wishes to have included in the contractual arrangement with the State inclusive of travel costs.

2.11 AWARD WITHOUT DISCUSSION

The State Risk Director reserves the right to make an award without further discussion of offers received. Therefore, it is important that each offer be submitted in the most favorable manner possible. The

successful Proposer will be notified by telephone and by mail on or about the date listed in the Schedule of Events for Notification of Award. The firm selected for the contract should be prepared to meet with the State Risk Director or his designee to negotiate the terms and conditions of the contract immediately after award.

2.12 AWARD OF CONTRACT

The contract will be awarded to the proposer whose proposal accumulates the highest score in the evaluation process. The award of the contract is subject to the approval of the Division of Administration, Office of Contractual Review.

2.13 INCURRING COSTS

Costs of developing the response are entirely the responsibility of the proposer, and shall not be reimbursed in any manner. The State is not liable for any costs incurred by prospective proposers prior to issuance of or entering into a contract. Costs associated with developing the proposal, preparing for oral presentations, and any other expenses incurred by the proposer in responding to this RFP are entirely the responsibility of the proposer and shall not be reimbursed in any manner by the State.

2.14 CONTRACT AWARD, NEGOTIATIONS, AND EXECUTION

The contract will be awarded to the proposer whose proposal accumulates the highest score as outlined in Section 4. The formal announcement of the selected proposer will occur on or about the date indicated in the Calendar of Events, Section 2.3. Negotiations may begin with the announcement of the successful proposer.

The State reserves the right to request additional information and/or to negotiate certain clarifications with the proposer selected for this RFP. The State also reserves the right to contract for all or a partial list of services offered in the proposal.

The successful proposer will be expected to enter into a contract with the State, which is substantially the same as the sample contract included in **APPENDIX A**. The RFP and proposal of the selected proposer will become part of any contract initiated by the State. In no event is a proposer to submit its own standard contract terms and conditions as a response to this RFP.

If the contract negotiation period exceeds 30 days or if the selected proposer fails to sign the final contract within five (5) business days of delivery, the State may elect to cancel the award and award the contract to the next highest ranked proposer.

2.15 CONTRACT AWARD

If the selected contractor is a corporation not incorporated under the laws of the State of Louisiana, the selected contractor shall have secured a certificate of authority pursuant to R. S. 12:301-302 from the Louisiana Secretary of State and verification of such certificate must be made available to the Office of Contractual Review upon the submission of the contract.

If the selected contractor is a for-profit corporation whose stock is not publicly traded, the contractor shall provide proof that a disclosure of ownership form has been properly filed with the Louisiana Secretary of State and verification of such form must be made available to the Office of Contractual Review.

2.16 BILLING AND PAYMENT

The contractor will submit monthly billings to the State for activities supported by time sheets and current written status reports describing the work (milestones) completed and current status of work in progress. The format of the invoice is subject to State approval. Travel will not be reimbursed. Billings will be based on completion of deliverables to be named in contract.

Under normal circumstances, the State should remit payment on all valid and undisputed invoices to the contractor within thirty (30) days of approval of invoices.

2.17 CONFIDENTIALITY

All financial, statistical, personal, technical and other data and information relating to the State's operations which are designated confidential by the State and made available to the Contractor in order to carry out this Contract, or which become available to the Contractor in carrying out this contract, shall be protected by the Contractor from unauthorized use and disclosure through the observance of the same or more effective security requirements as are applicable to the State. Contractor shall not be required to keep confidential any data or information that is or becomes publicly available, is already rightfully in the Contractor's possession, is independently developed by the Contractor outside the scope of this Contract, or is rightfully obtained from third parties. Under no circumstance is the contractor to discuss and/or release information to the media concerning this project without prior express written approval of the Commissioner of Administration.

2.18 DISQUALIFICATION

The State reserves the right to verify all information provided by a proposer via direct contact with the proposer's prior clients and prior project personnel and proposers must agree to provide and release necessary authorizations for the State to verify any of the proposer's previous work. As described elsewhere in this RFP, each proposer will be required to submit a detailed resume of all key personnel. Misstatements of experience and scope of prior projects shall be grounds for disqualification of the proposer from further consideration.

2.19 RIGHT TO PROTEST

Any proposer who is aggrieved in connection with the RFP or award may protest to the head of the agency issuing the proposal, at which time the agency shall notify the Office of Contractual Review that a protest has been lodged. Said protest shall be in writing and state fully the reason (s) for the protest. A protest must be filed at least 14 days prior to the date for receipt of proposals. Protests with respect to an award shall be submitted within 14 days after the award has been announced by the agency.

Section 3

3.0 RESPONSE FORMAT

Proposer should provide the following, in this order, in their response:

Cover Letter: must contain an affirmative statement that the proposer:

- has read the requirements as provided;
- certifies that the proposer, by submission of its response, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any transaction by any federal or state department or agency; where the proposer is unable to certify to any portion of this statement, such proposer shall attach an explanation to its response;
- is willing to conduct an on-site demonstration if requested; and
- is willing to provide three client references, similar in size and mission to ORM

Proposer Qualifications: must include a brief overview (limit to 3 pages) of the company's history and experience providing products and services to organizations similar in size and mission to ORM. The following information must be provided:

1. The overall professional and technical expertise of the firm
2. The names and qualifications of the individuals to be assigned to the project and the experience of the assigned individuals in performing similar activities for other governmental and/or private entities
3. Proposer's management of projects of similar size, scope, and complexity
4. Financial stability of proposer's organization

Implementation Overview: must provide proposed action steps and timeline to successfully implement proposer solution to include data conversion strategy; must include resumes of proposed key project staff highlighting prior relevant experiences with dates and references (contact name and email address or telephone number). (**Note:** A detailed written description of any work to be subcontracted, the name and address of the proposed subcontractor(s), including the proposed contractual agreement with the subcontractors must be included.)

Maintenance: Describe what the standard maintenance service will include. (For example, availability of technical support, response time, software patches, etc.). (See Features Matrix 1.106)

Training: Training will be via a Train-the-Trainer model designed for 12-15 students to be held in Baton Rouge. The State will furnish a training room with PC's for hands-on-training and an overhead projector system. Training will be tailored to ORM's business model. Training will be held on at least two non-consecutive days. The proposer response should contain a detailed

training plan that includes recommended training scope, methods and schedule. Classroom instruction must be supported by written training material and/or online tutorials/demonstrations. (See **Appendix D** Features Matrix 1.106)

Features Matrix: must indicate which product features, as listed in **Appendix D**, proposer currently offers and which features are planned for future releases. **Appendix D** indicates which features are mandatory and which features are optional.. Supporting documentation, such as sample reports, explanation of features, etc. should be attached.

Innovative Concepts: should include innovative concepts and recommendations (limit to 3 pages) designed to further enhance process efficiency as well as data sharing, analysis and reporting

Costs: using **Appendix C - Cost Sheet**, must include a cost for initial licensing of software, hosting, training and customer support / annual maintenance. (Do not deviate from the format of Appendix C) (**Note:** If the proposer proposes to offer customization of its commercial package, a cost (including hourly rates and related job category of individual(s) to provide the service) must be included for those services. The proposed price must include any and all costs the contractor wishes to have included in the contractual arrangement with the State.) Travel will not be reimbursed.

Section 4

4.0 PROPOSAL EVALUATION AND SELECTION PROCESS

4.1 PRELIMINARY SCREENING

Each proposal will be screened for compliance with the proposer qualifications and mandatory requirements as defined in Sections 2 and 3. Failure to meet these qualifications and requirements will eliminate the proposal from further consideration.

4.2 EVALUATION CRITERIA

Each proposal will be evaluated by an Evaluation Committee according to the following criteria with maximum points awarded of **100**.

4.21 PROPOSER QUALIFICATIONS

The maximum possible score for this criterion is **25 points**. The Evaluation Committee will consider:

1. The overall professional and technical expertise of the firm
2. The names and qualifications of the individuals to be assigned to the project and the experience of the assigned individuals in performing similar activities for other governmental and/or private entities
3. Proposer's management of projects of similar size, scope, and complexity
4. Financial stability of proposer's organization

4.22 FEATURE MATRIX RATING

The maximum possible score for this criterion is **30 points**. The Evaluation Committee will consider the features proposed with particular emphasis on the proposer's ability to provide mandatory features. In addition to completing the features matrix, proposer should submit documentation of features provided and sample reports that can be evaluated for ease of use, readability, and method of distribution.

4.23 IMPLEMENTATION PLAN

The maximum possible score for this criterion is **10 points**. The Evaluation Committee will consider the explanation of the methodology the proposer will employ in the transition from the present system to include:

1. Specific manpower requirements
2. Source and cost of manpower
3. Method of data conversion and document images
4. Time schedule
5. ORM resources needed

4.24 CUSTOMER REFERENCES

The maximum possible score for this criterion is **10 points**. The Evaluation Committee will contact the list of present and former customers to consider:

1. Services provided
2. Lines of coverage supported
3. Customer satisfaction
4. Problem areas encountered and resolution
5. Flexibility of proposer to meet customer needs

4.25 COST

The maximum possible score for this criterion is **25 points**. The Evaluation committee will consider the overall cost to the State including the cost for software, customization, optional features, annual maintenance for up to three years, and training.

ORM's formula in establishing proposer points will be as follows:

$$\frac{\text{Lowest Cost}}{\text{Proposal Cost}} \times \text{Maximum Points} = \text{Points Assigned}$$

4.3 PRELIMINARY SCORING

The Evaluation Committee will score each written proposal. The proposers susceptible of being selected for award may be asked to provide clarification on proposed cost/services, to participate in oral interviews and to answer any questions from the Evaluation Committee. No preliminary conclusions or results will be given out until the Evaluation Committee has completed the entire evaluation process and the formal announcement of selected proposer has been made.

4.4 PROPOSER INTERVIEWS

The proposers selected for final evaluation may be invited to participate in oral interviews with the Evaluation Committee. Proposers may be asked to provide clarification on corporate background and experience, proposed project staff experience, and proposed project approach and methodology. Proposers are reminded that any oral commitments or representations made during these presentations that extend beyond the written representations in the proposal document may be formally recorded in the contract. The State expects that the proposer's on-site project manager and other key personnel named in the proposal will take an active and leading role in these interviews.

4.5 FINAL SCORING

The proposals selected for final evaluation will be re-scored on the same basis as the preliminary scoring. The Evaluation Committee will take into account information obtained from the proposer interviews/presentations, references and/or site visits. The highest scored proposal will be selected.

4.6 FINAL SELECTION

The Evaluation Committee will recommend the highest scored proposal for acceptance by the Division of Administration Deputy Undersecretary. Upon concurrence by the Deputy Undersecretary of final selection, a formal announcement of the selected proposer will be made, and all proposers will be notified. Contract negotiations should begin by the date listed in the Calendar of Events. The final selection is subject to the approval of the Division of Administration, Office of Contractual Review. The Office of Risk Management will not offer debriefing sessions to unsuccessful proposers.

Section 5

5.0 COST PROPOSAL

Proposer must use the Cost Sheet in **APPENDIX C** to present total costs. Do not deviate from the format in **Appendix C**. Costs must include any and all costs the contractor wishes to have included in the contractual arrangement with the State. Travel will not be reimbursed and should be included in the cost proposal. Proposer fees must include all of the services described in this RFP. The cost proposal must be on a firm fixed cost basis.

Appendix A – Sample State Contract

STATE OF LOUISIANA

SAMPLE CONTRACT

On this (*day*) of (*month, year*), the Division of Administration, State of Louisiana, hereinafter sometimes referred to as the “STATE” and (*CONTRACTOR’s name and legal address including zip code*), hereinafter sometimes referred to as the “CONTRACTOR”, do hereby enter into a contract under the following terms and conditions for up to a maximum of three years.

SCOPE OF SERVICES

Contractor hereby agrees to furnish the following services:

Incorporated herein and made a part of this contract by reference are the attached Scope of Services and the attached Goal/Outcome/Performance Measures/Monitoring Plan.

BILLING AND PAYMENT

Billing for services rendered must reflect professional staff individually by specified rate, non-professional staff may be identified by working title and by average rate. In addition a brief summary of services rendered should be included on bill.

The Contractor shall invoice the State Agency directly and payment shall be made by the State Agency directly to the Contractor in accordance with the payment terms set forth in this agreement.

PAYMENT TERMS

In consideration of the services described above, state hereby agrees to pay the Contractor a maximum fee of \$_____. Payment will be made only on approval of the Assistant Risk Director, which approval will not be unreasonably withheld.

If progress and/or completion to the reasonable satisfaction of the agency is obtained, payments are scheduled as follows: The parties agree that Contractor will submit a monthly billing invoice to the State and that the State will remit sums due within thirty (30) days from receipt of the invoice. Contractor agrees to individually specify rates of professional staff, and title, and average rates of non-professional staff, with brief summary of services included on all invoices.

TAXES

Contractor hereby agrees that the responsibility for payment of taxes from the funds thus received under this Contract and/or legislative appropriation shall be contractor's obligation and identified under Federal tax identification number _____. Any taxes, other than State and local sales and use taxes from which the State is exempt, shall be assumed to be included within the total cost shown in Appendix C.

SEVERABILITY

If any term or condition of this Agreement, or the application thereof, is held invalid, such invalidity shall not affect other terms, conditions or applications which can be given effect without the invalid term, condition or application; to this end the terms and conditions of this Agreement are severable.

TERMINATION FOR CAUSE

The State may terminate this agreement for cause based upon the failure of Contractor to comply with the terms and/or conditions of the Agreement provided that the State shall give the Contractor written notice specifying the Contractor's failure. If within thirty (30) days after receipt of such notice, the Contractor shall not have corrected such failure or, in the case of failure which cannot be corrected in (30) days, begun in good faith to correct such failure and thereafter proceeded diligently to complete such correction, then the State may, at its option, place the Contractor in default and the Agreement shall terminate on the date specified in such notice.

The Contractor may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of the State to comply with the terms and conditions of this agreement, provided that the Contractor shall give the State written notice specifying the State's failure and a reasonable opportunity for the State to cure the defect.

TERMINATION FOR CONVENIENCE

The State may terminate this Agreement at any time by giving thirty (30) days written notice to contractor of such termination or negotiating with the Contractor an effective date.

TERMINATION FOR NON-APPROPRIATION OF FUNDS

The continuation of this contract is contingent upon the appropriation of funds by the legislature to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act of Title 39 of the Louisiana Revised Statutes of 1950 to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds have not been appropriated.

REMEDIES FOR DEFAULT

Any claim or controversy arising out of this contract shall be resolved by the provisions of LSA - R.S. 39:1673.

OWNERSHIP

Definition of Materials:

Materials are literary works or other works of authorship (such as programs, program listings, programming tools, documentation, reports, drawings and similar works) that Consultant may deliver to State as part of a Service. The term "Materials" does not include commercially available Products, Machine Code, or Licensed Internal Code.

Materials Ownership and License

The Statement of Work will specify Materials to be delivered to State. The Statement of Work will identify them as being "Type I Materials", "Type II Materials", or otherwise as the parties agree. If not specified, Materials will be considered Type II Materials.

Type I Materials are those, created during the Service performance period, in which State will have all right, title, and interest(including ownership of copyright). Contractor will retain one copy of the Materials. State grants Contractor 1) an irrevocable, nonexclusive, worldwide, paid-up license to use, execute, reproduce, display, perform, distribute (internally and externally) copies of, and prepare derivative works based on, Type I Materials and 2) the right to authorize others to do any of the former.

Type II Materials are those, created during the Service performance period or otherwise (such as those that preexist the Service), in which Contractor or third parties have all right, title, and interest including ownership of copyright). Contractor will deliver one copy of the specified Materials to State. Contractor grants State an irrevocable, nonexclusive, worldwide, paid-up license to use, execute, reproduce, display, perform, and distribute, internally only, copies of Type II Materials.

Each party agrees to reproduce the copyright notice and any other legend of ownership on any copies made under the licenses granted in this section.

NONASSIGNABILITY

No contractor shall assign any interest in this contract by assignment, transfer, or novation, without prior written consent of the State. This provision shall not be construed to prohibit the contractor from assigning his bank, trust company, or other financial institution any money due or to become due from approved contracts without such prior written consent. Notice of any such assignment or transfer shall be furnished promptly to the State.

RIGHT TO AUDIT

The State Legislative auditor, federal auditors and internal auditors of the State, or others so designated by the State, shall have the option to audit all accounts directly pertaining to the contract for a period of five (5) years after project acceptance or as required by applicable State and Federal Law. Records shall be made available during normal working hours for this purpose.

DISCRIMINATION CLAUSE

The Contractor agrees to abide by the requirements of the following as applicable: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Act of 1975, and contractor agrees to abide by the requirements of the Americans with Disabilities Act of 1990.

Contractor agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, national origin, veteran status, political affiliation, or disabilities.

Any act of discrimination committed by Contractor, or failure to comply with these statutory obligations when applicable shall be grounds for termination of this contract.

AMENDMENTS

All amendments to the contract will be by mutual agreement of the contract parties and shall be in writing, and signed by duly authorized representatives of both parties and approved by the Director of Contractual Review, Division of Administration. No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required by law. No oral understanding or agreement not incorporated in the contract is binding on any of the parties.

INSURANCE REQUIREMENT

Insurance shall be placed with insurers with an A.M. Best's rating of no less than A-: VI. This rating requirement shall be waived for Worker's Compensation coverage only.

Contractor's Insurance: The Contractor shall not commence work under this contract until he has obtained all insurance required herein. Certificates of Insurance, fully executed by officers of the Insurance Company written or countersigned by an authorized Louisiana agency, shall be filed with the State of Louisiana for approval. The Contractor shall not allow any sub-contractor to commence work on his subcontract until all similar insurance required for the subcontractor has been obtained and approved. If so requested, the Contractor shall also submit copies of insurance policies for inspection and approval of the State of Louisiana before work is commenced. Said policies shall not hereafter be canceled, permitted to expire, or be changed without thirty (30) days notice in advance to the State of Louisiana and consented to by the State of Louisiana in writing and the policies shall so provide. **Compensation Insurance:** Before any work is commenced, the Contractor shall maintain during the life of the contract, Workers' Compensation Insurance for all of the Contractor's employees employed at the site of the project. In case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers' Compensation Insurance for all the latter is employees, unless such employees are covered by the protection afforded by the Contractor. In case any class of employees engaged in work under the contract at the site of the project is not protected under the Workers' Compensation Statute, the Contractor shall provide for any such employees, and shall further provide or cause any and all subcontractors to provide Employer's Liability Insurance for the protection of such employees not protected by the Workers' Compensation Statute.

Commercial General Liability Insurance: The Contractor shall maintain during the life of the contract such Commercial General Liability Insurance which shall protect him, the State, and any subcontractor during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as for claims for property damages, which may arise from operations under the contract, whether such operations be by himself or by a subcontractor, or by anyone directly or indirectly employed by either or them, or in such a manner as to impose liability to the State. Such insurance shall name the State as additional insured for claims arising from or as the result of the operations of the Contractor or his subcontractors. In the absence of specific regulations, the amount of coverage shall be as follows: Commercial General Liability Insurance, including bodily injury, property damage and contractual liability, with combined single limits of \$1,000,000.

Insurance Covering Special Hazards: Special hazards as determined by the State shall be covered by rider or riders in the Commercial General Liability Insurance Policy or policies herein

elsewhere required to be furnished by the Contractor, or by separate policies of insurance in the amounts as defined in any Special Conditions of the contract included therewith.

Licensed and Non-Licensed Motor Vehicles: The Contractor shall maintain during the life of the contract, Automobile Liability Insurance in an amount not less than combined single limits of \$1,000,000 per occurrence for bodily injury/property damage. Such insurance shall cover the use of any non-licensed motor vehicles engaged in operations within the terms of the contract on the site of the work to be performed there under, unless such coverage is included in insurance elsewhere specified.

Subcontractor's Insurance: The Contractor shall require that any and all subcontractors, which are not protected under the Contractor's own insurance policies, take and maintain insurance of the same nature and in the same amounts as required of the Contractor.

ENTIRE AGREEMENT CLAUSE

The contract, together with the RFP and addenda issued thereto by the Department, the proposal submitted by the Contractor in response to the Department's RFP, and any exhibits specifically incorporated herein by reference, constitute the entire agreement between the parties with respect to the subject matter; all prior discussions and negotiations are merged into this contract. This Agreement is entered into with neither party relying on any statement or representation made by the other party not embodied in this Agreement and there are no other agreements or understanding changing or modifying the terms. This Agreement shall become effective upon final statutory approval.

GOVERNING LAW

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Louisiana. Venue of any action brought with regard to this Agreement shall be in the Nineteenth Judicial District Court, parish of East Baton Rouge, State of Louisiana.

CODE OF ETHICS

The contractor acknowledges that Chapter 15 of Title 42 of the Louisiana Revised Statutes (R.S. 42:1101 et. seq., Code of Governmental Ethics) applies to the Contracting Party in the performance of services called for in this agreement. The Contractor agrees to immediately notify the state if potential violations of the Code of Governmental Ethics arise at any time during the term of this agreement.

WAIVER

Waiver of any breach of any term or condition of this Agreement shall not be deemed a waiver of any prior or subsequent breach. No term or condition of this Agreement shall be held to be waived, modified or deleted except by the written consent of both parties.

HEADINGS

Descriptive headings in this agreement are for convenience only and shall not affect the construction of this agreement or meaning of contractual language.

BOARD RESOLUTION

The Contractor, if a corporation, shall secure and attach to the contract a formal, dated Board Resolution indicating the Signatory is a corporate representative and authorized to sign said contract.

LIAISON

The Contractor will designate one or more persons from his staff who shall have the duty of acting as a point of contact with ORM to assure the expeditious execution of this agreement.

SECURITY

The Contractor will at all times comply with all security regulations in effect at ORM which are made known in writing by ORM to the Contractor. Contractor's personnel will comply with all security regulations in effect at the State's premises, and externally for materials and property belonging to the State or to the project. Contractor is responsible for promptly reporting to the State any known breach of security.

CONFIDENTIALITY

The following provision will apply unless the State Agency specifically indicates that all information exchanged will be non-confidential:

All financial, statistical, personal, technical and other data and information relating to the State's operations which are designated confidential by the State and made available to the Contractor in order to carry out this Agreement or which becomes available to the Contractor in carrying out this Agreement, shall be protected by the Contractor from unauthorized use and disclosure through the observance of the same or more effective procedural requirements as are applicable to the State. The identification of all such confidential data and information as well as the State's procedural requirements for protection of such data and information from unauthorized use and disclosure shall be provided by the State in writing to the Contractor. If the methods and procedures employed by the Contractor for the protection of the Contractor's data and information are deemed by the State to be adequate for the protection of the State's confidential information, such methods and procedures may be used, with the written consent of the State, to carry out the intent of this paragraph. The Contractor shall not be required under the provisions of the paragraph to keep confidential any data or information which is or becomes publicly available, is already rightfully in the Contractor's possession, is independently developed by the Contractor outside the scope of the contract, or is rightfully obtained from third parties.

GOVERNING LAW

The laws of the State of Louisiana shall govern the terms of the contract and disputes arising therefore shall be resolved in accordance with the laws of the State of Louisiana. Venue of any action brought with regard to this contract shall be in the Nineteenth Judicial District Court, parish of East Baton Rouge, State of Louisiana.

RECORD RETENTION

The Contractor agrees to retain all records and other documents relevant to this contract for at least 4 years after final payment.

REPRODUCTION, PUBLICATION AND USE OF MATERIAL

ORM shall have unrestricted authority to reproduce, publish, distribute and otherwise use in whole or in part, any manuals, reports, data or other materials prepared in connection with this contract or in performance hereof.

THUS DONE AND SIGNED AT Baton Rouge, Louisiana on the day, month and year first written above.

IN WITNESS WHEREOF, the parties have executed this Agreement as of this day of *(enter date)*.

WITNESSES SIGNATURES:

STATE AGENCY SIGNATURES:

By: _____

Title: _____

CONTRACTOR SIGNATURE:

BY: _____

Tax I. D. #: _____

Telephone: _____

Appendix B – Scope of Services

Scope of Services

ORM requires the proposer to implement a comprehensive integrated multi-line risk management information solution. The proposer must provide the following contractual deliverables:

Project Management Plan with detailed Gantt Chart and milestones
Detailed Implementation Plan
Data Conversion Plan including conversion of existing scanned images
Risk Management Information System with data loaded (verified and validated)
End User Documentation
System Administrator Documentation
Training and Training Aids
Maintenance

The proposer must provide maintenance support that will enable ORM to access this service on a 24 x 7 basis including holidays. This service must be provided via telephone and Internet-based support.

Training must be provided via a Train-the-Trainer model designed for a minimum of 12 - 15 students to be held in Baton Rouge. The State will furnish a facility for hands-on training with PCs and an overhead projector system. Training will be tailored to ORM's business model. Training must be held on at least two non-consecutive days. The proposer response must contain a detailed training plan that includes recommended training scope and times. Classroom instruction must be supported by written training material and/or on-line tutorials/demonstrations. (See **Appendix D** Features Matrix 1.106)

Upon written notification by the Contractor that a deliverable is completed and available for review and acceptance, ORM will promptly review the deliverable within five business days after the deliverable is presented to the ORM Project Manager. A failure to deliver all or any essential part of a deliverable shall be cause for non-acceptance.

If ORM disapproves a deliverable, the ORM Project Manager will notify the Contractor in writing of such disapproval and will specify those items which, if modified or added, will cause the deliverable to be approved. With respect to rejected deliverables, the parties agree to repeat the process for a maximum of three iterations.

ORM will provide office space, LAN connection, Internal E-mail connection, copiers, use of desktop computers, state standard desktop office software (e.g., word processor, spreadsheet), telephones and miscellaneous office supplies for up to two contractor technical personnel.

Proposers must provide an estimate for the level of involvement anticipated for ORM resources to assist with the implementation of the risk management information system.

Appendix C – Cost Sheet *(Do not deviate from this format.)*

Costs associated with implementing proposed commercial product:

COST ITEM	COST
Software and Customization <i>(See Appendix D for mandatory and optional features.)</i>	\$
Annual Maintenance	\$
Training	\$
Cost for Optional Features <i>(See Appendix D for mandatory and optional features.)</i>	\$

Provide details for the cost items above. At a minimum, provide the following for determining the reasonableness of costs:

JOB CATEGORY	ESTIMATED HOURS	HOURLY RATE*
		\$
		\$
		\$
		\$

**fully burdened rate*

Appendix D – Features Matrix (*Attach explanations as necessary.*)

FEATURES MATRIX

Business Unit: Internal ORM business unit requesting feature.

Feature Description: Provides an explanation of a functional or navigational feature that the ORM desires to have incorporated into the CMIS/RMIS based on a workflow or business process requirement.

Feature Priority: Defines the implementation priority of a feature.

- 1: Mandatory feature; must be included in the initial implementation of the CMIS/RMIS
- 2: Mandatory feature; must be included in the first upgrade release of CMIS/RMIS (within 6 – 12 months of initial implementation)

Proposer Response: Defines whether or not the proposer's product currently satisfies this requirement.

- Y: The system currently offers/supports this feature.
- N: The system does not currently offer/support this feature.

If your response is 'N', please provide information regarding your plans to offer this feature in the initial implementation or in the future.

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
1.	GENERAL	MISCELLANEOUS:		
1.101		<p>The system must support a multi-line risk management operation providing:</p> <ul style="list-style-type: none"> - <u>comprehensive general liability</u> (coverage for third-party losses where the state is legally liable and also provides personal injury, wrongful acts as well as other contractual and tort liabilities) - <u>road hazards</u> (coverage for establishment, design, construction, existence, ownership, maintenance, use, extension, improvement, repair, or regulation of any state bridge, tunnel, dam, street, road, highway or expressway) - <u>property</u> (coverage for state buildings and contents, boiler and machinery claims in which the state has an insurable interest, and Employee Bond and Crime losses; covers loss of money, securities, and other property damaged and/or stolen as a result of crime committed by a third party; losses caused by employees and will cover property damage as well as loss of monies; bridge property losses, fixed marine facility losses and flood claims) - <u>medical malpractice</u> (coverage for all State of Louisiana health care facilities including the state's charity hospital system, as well as health units and mental health clinics in all parishes; clinics and hospitals in the state's prison system, Louisiana State University Clinics, and Louisiana State University staff and residents in private hospitals throughout the state) - <u>transportation</u> (coverage for state-owned licensed / rented / leased vehicles used for state business including, but not limited to, state automobiles, ferry boats and aircraft) 	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - <u>workers' compensation</u> (coverage for state employees who have been injured during the course and scope of their employment). 		
1.102		The system must be available via an Application Service Provider (ASP) model with appropriate levels of redundancy to ensure maximum uptime. <i>(Note: Other hosting models will be considered based on strong justification.)</i>	1	
1.103		The system must be browser-based / Web-native.	1	
1.104		The system must support remote / off-site users: claimants, field personnel, vendors / contractors, data exchange entities and clients / policyholders.	1	
1.105		The system must be user-friendly and intuitive.	1	
1.106		The system must have an on-line help facility, user manuals and on-line tutorials / ORM-specific demonstrations. These features should be supported by immediate and effective vendor-provided Customer Support, 24-hour downtime response, instructor-lead training and/or computer-based training.	1	
1.107		The system must support the ability to attach notes / comments to most record types and digital image. This notes / comments feature should include spell-checking.	1	
1.108		The system is easily upgraded.	1	
1.109		The system is easily scalable.	1	
1.110		The system must support the ability to establish and access user-defined fields without further customization / contracted programming services.	1	
1.111		The system must support the ability to import / export data in a variety of standard formats.	1	
1.112		The system must update data in real-time mode.	1	
1.113		The system must be fully integrated, i.e.; data entered in one module must be accessible in related modules and navigation between modules is seamless.	1	
1.114		The entry of zip code fields must trigger the population of city, parish, and	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		state information to assist in data integrity.		
1.115		The system must have a high level of built-in edits and validity checks to ensure data integrity.	1	
1.116		The system must support multi-user access and provide for appropriate field and record-locking.	1	
1.117		Code fields must provide a list of possible entries with descriptions and support “auto-complete” entry of the codes.	1	
1.118		All codes must be defined within the database and must be hard-coded within the application. ORM must have the ability to add to these pre-defined code lists via a System Administrator module.	1	
1.119		A document / correspondence generator must be provided with the system enabling ORM to define document templates and to populate the templates with database information. These documents must have the ability to be viewed prior to printing.	1	
1.120		On-line entry fields should track audit information (i.e., who and when the data was entered/changed as well as what the data was changed from and what it was changed to when applicable.) This audit information should have the ability to be displayed or reported.	1	
		The system must support the viewing / querying of data via a customized user interface tailored to meet the individual needs of agencies, claimants and vendors.	1	
1.121		The system must be Public Risk Database Project (PRDP) / Public Entity Risk Institute (PERI) compliant.	1	
1.2		SECURITY AND ACCESS CONTROLS:		
1.201		The system must have security features that guard against unauthorized access.	1	
1.202		The system must support on-line access controls and detection which limit or restricts access to specific data fields, records, screens, reports and system modules to support ORM-defined access privileges and segregation of duties.	1	
1.203		The system must support aging and expiration of passwords. An	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		Administration Module must be made available to ORM to manage the assignment / reset / deletion of usernames and password as well as the definition / modification / deletion of user profiles.		
1.204		The system must support well-defined, retrievable audit trails for data entry and manipulation.	1	
1.3		IMAGING / DOCUMENT MANAGEMENT:		
1.301		The system must have an integrated imaging / document management module or have the capability to interface with <i>FileNet</i> imaging software to store digital images of selected ORM documents (e.g., policies, checks, medical records, contracts, etc.).	1	
1.302		The system must support the simultaneous display of images with related data records.	1	
1.303		The system must support multi-user access to images.	1	
1.304		The system must have a feature to index, annotate and delete images.	1	
1.305		The system must have a feature to fax or e-mail images on request.	1	
1.306		The system must have a feature to support content searches.	1	
1.307		The system must have safeguards in place to prevent unauthorized tampering of stored images.	1	
1.308		The system must support the import and conversion of images. Imports should be able to be accomplished in batches.	1	
1.4		INTEGRATION/INTERFACE:		
1.401		The system must support seamless integration with <i>Microsoft Office</i> products (<i>Microsoft Word, Excel, Outlook, and Access</i>) for basic word processing and spreadsheet functions.	1	
1.402		The system must have an integrated medical bill review / re-pricing feature or have a built-in feature to support integration with a third-party medical bill	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		review system.		
1.403		The system must have a feature to support interfaces with the State's attorney general, healthcare system, labor system, public safety system, retirement system, financial management / contract management system as well as independent agency payroll and loss tracking systems.	1	
1.404		The system must have a feature to support an interface with an anti-fraud claims indexing system (e.g., <i>ISO All Claims</i>) to search for bodily injury, workers' compensation, property and vehicle claims.	1	
1.405		The system must have a feature to support an interface with cost and estimating software (<i>Marshall & Swift</i>).	1	
1.406		The system must be able to interface with a pharmacy management system (e.g., <i>AdvancePCS</i>)	1	
1.407		The system must be able to interface with third-party accounting software (e.g., <i>MIP Non Profit Series NPSPro</i>).	1	
1.408		The system must accept electronic billings from healthcare providers, pharmacies, hospitals, auto repair shops, etc.	1	
1.409		The system must have a feature to support Object Linking / Embedding (OLE).	1	
1.5		CHECKS GENERATION:		
1.501		The system must have the capability to enable use of standard check formats or user-defined formats.	1	
1.502		The system must support the use of Federal Employer's tax id numbers to issue and track payments to payees.	1	
1.503		The system must have a feature for issuing checks to more than one payee as well as the ability to indicate which payee should receive a 1099 form.	1	
1.504		The system must have the flexibility to restart the check generation process at any point.	1	
1.505		The system must have a feature to combine payments on one check or specify a single payment per check.	1	
1.506		The system must have a feature to make manual corrections on payments (pay type, tax id number, claim number, etc.) and provide an audit trail for	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		such corrections.		
1.507		The system must provide the capability to void and or reissue checks.	1	
1.508		The system must provide the capability to support Automated Clearing House (ACH) network and electronic funds transfer (EFT) transaction processing.	1	
1.509		The system must provide the capability to aggregate multiple payments to the same payee with a consolidated explanation of services rendered.	1	
1.510		The system must provide the capability to maintain a running balance by payee for purposes of reconciling reimbursements and accounts payables (e.g., corrects overpayment scenarios).	1	
1.511		The system must provide the capability to view check batches / registers by payee. Any checks generated having ORM employees as payees should be flagged appropriately but this data must be restricted to viewing by designated ORM employees.	1	
1.512		Check stub data processing over multiple stubs must generate only one check. The stub may be printed on multiple voided checks or placed into a separate file. In either case, the system should sort these checks so that they are grouped together for ease in bundling and mailing to the vendor.	1	
1.513		Voided checks must be printed together to assist in detecting these checks.	1	
		The system should have the capability to allow designation of the order checks are to be printed in by sorting on various fields/combination of fields, such as address, location, adjuster, coverage, pay type, etc.	1	
1.6		REPORTS:		
1.601		The system must provide real-time access to data for querying / reporting purposes.	1	
1.602		The system must provide the capability to search / report on a wide variety of fields.	1	
1.603		The system must support on-line incident / accident / claim reporting and ability to differentiate what is being reported.		

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
1.604		The system must have a report preview feature that displays a requested report on the user desktop and gives the user the option to print or save the report without having to re-run the query.	1	
1.605		The system must support automated report scheduling and distribution. Reports can be distributed by fax, e-mail, printer, via the Internet or a company Intranet.	1	
1.606		The system must have an "as of" reporting capability to re-create a specific point in time.	1	
1.607		The system should support some degree of risk analysis / predictive modeling.	2	
1.608		The system must provide the capability to represent data using charts and graphs.	2	
1.609		<p>The system must support the creation of a reports library, i.e., a basic package of commonly used reports such as:</p> <ul style="list-style-type: none"> - Loss runs - Financial Summaries - Loss Triangles - Policy Schedules - Vehicle Schedules - Top Causes of Loss - Paid-to-Date Losses - Loss Layer Reports - Large Loss Reports <p>Users should have the ability to sort and limit the data in these standard reports to zero in on locations, specific years or other search criteria.</p>	1	
1.610		<p>The system must be able to generate a variety of standard claims reports, such as:</p> <ul style="list-style-type: none"> - a listing of subrogation activity including the estimated and actual recovered amounts - a listing of all insured properties offering the requestor the option to choose which types of properties to include 	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - a listing of any diaries that have not been addressed for a specified number of days and delivered to the Claims Adjuster and/or Supervisor - a listing of any diaries that have not been addressed for a specified number of days - a report that runs periodically to analyze claims information - a listing of payments for selected vendor(s) / payee(s) ordered by vendor / payee - a listing of top vendor payments paid to date - a listing of payments by claim (includes compensation and med) - a check listing by date range, claim ID, and/or payee - a diary listing by claim, Claims Adjuster and diary status - a listing to support the analysis of payments based on CPT - a listing to support the analysis of payments by ICD9/injury code and severity code - a listing that shows when numerous reserve changes are made suggesting inadequate initial reserving or lack of reserve follow-up - a listing that shows when reserves exceed the suggested system amount (illustrates that the Claims Adjuster is aware of conditions that should be defined in the system, current system rules are inadequate or the Claims Adjuster is incorrect) This report will assist Supervisors in recognizing system flaws or the need for additional training for Claims Adjusters - a listing that shows claims with inadequate reserves grouped by Claims Adjuster and Supervisor - a listing that shows summary payment history based on user-selected categories and combinations (injury type, severity type, sex, age, job classification, etc) - a listing that shows claims including incurred loss amounts by area with area being defined as parish, highway, geographic region, etc) - a listing that shows suspended payments grouped by Supervisor / Claims Adjuster - a listing that shows claims that have the same location, claimant 		

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<p>ID/SSN, or business (not only for duplicate detection but to determine if multiple accidents are directed at one entity)</p> <ul style="list-style-type: none"> - a staffing report showing: <ul style="list-style-type: none"> o the number of claims or bills being handled by the individual o the amount of reserves being controlled by the Claims Adjuster o the number of adjusting reserves made during the period o the number and amount of claimant contacts made by Claims Adjuster o listing of penalties incurred by ORM relevant to a Claims Adjuster's claims - a listing of 1099 tax reporting data - a listing of claims with no activity for 30 days - a listing that shows daily payments made on a claim including compensation and medical during a specified reporting period - a listing that shows "Excess Claims" by period - a listing that shows pending Second Injury Fund (SIF) claims 		
1.611		The system must have a feature to flag claims as "confidential" and prohibit confidential data from being included in routine reports.	1	
1.612		The system must produce any pre-defined state-mandated self-insured report.	1	
2.	EXEC / ADMIN	GENERAL:		
2.101		The system should provide advanced querying and analytical features to support executive decision-making and strategic planning.	2	
3.	IT	GENERAL:		
3.101		The system must provide a comprehensive Administrator Module which facilitates the set-up of user profiles, support password administration, batch report scheduling, code maintenance, business rule maintenance and management of user-defined fields (at a minimum).	1	
4.	CONTRACTS	GENERAL:		
4.101		The system must support the capture, import and/or export of contract data	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		and link it to related claims and vendors as applicable via state contract number, claim number and/or Federal tax id.		
4.102		The system must support automatic notification to the Claims Manager and contract manager when contract limits are within a specified dollar and/or date range.	1	
5.	ACCT	GENERAL:		
5.101		The system must support the maintenance of vendor data and have that data available throughout the system as needed.	1	
5.102		The system must uniquely identify taxable vendors by their Federal Employers Identification Number (FEIN).	1	
5.103		Multiple vendors using the same tax id (e.g., medical group, attorneys) must be grouped together under one vendor for tax reporting.	1	
5.104		The system must enable the entry of multiple address and telephone numbers for vendors (i.e., physical address, mailing address, e-mail address, etc.)	1	
5.105		The system must have a feature of producing 1099s including 1099s for gross proceeds.	1	
5.106		The system should have a feature to electronically submit 1099s.	2	
5.107		The system must support the payment of bills (e.g., general claims expenses, contract vendor invoices, etc.)	1	
6.	UNDERWRITING	GENERAL:		
6.101		<p>The system must provide a feature to track data related to coverage including (at a minimum):</p> <ul style="list-style-type: none"> - Policy number - Insured / Client name - Insured / Client address with parish code – physical, mailing, email, etc. - Insured / Client telephone number – primary, contact, fax, etc - Primary point-of-contact name - Primary point-of-contact address – physical, mailing, email, etc. - Line of insurance 	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - Coverage limits - Coverage start date - Coverage expiration date 		
6.102		The system must support coverage administration, i.e., enable ORM to track coverage information and associate claims to clients; track erosion of coverage limits and expiration of coverage.	1	
6.103		The system must enable ORM to scan and store policy images (e.g., excess carriers) within the system.	1	
6.104		The system must have a feature to allocate premiums by lines of coverage and by client / customer over a complex hierarchical structure.	1	
6.105		The system must have a feature to compute premiums based on user-defined formulas.	1	
6.106		The system must have a feature to support loss limiting claims at various levels in the allocation of premiums process.	1	
6.107		The system must have a feature to support exposure tracking / administration, exposure analysis along with claims data and policy data. The system should support customizable tracking of exposures such as: fleet, employee information including payroll, property information, inventory, etc.	1	
6.108		The system must have a feature to support calculation of discount / penalty on premiums with user-defined formulas.	1	
6.109		The system must have a feature to enter premium data manually (either as initial entry or as an override of allocation process).	1	
6.110		The system must have a feature to print a list of receivables before invoices are printed.	1	
6.111		The system must have a feature to print invoices in user-defined formats using any or all fields in the premium database (including discount / penalty amounts).	1	
6.112		The system must support automatic posting of payable and receivable premium amounts to the policy information records.	1	
6.113		The system must support flexible certificates of insurance tracking / administration. Functionality should include:	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - tracking of issuance and receipt of certificates of insurance - storage of multiple certificate templates for different types of certificates - tracking of coverage deficiencies and expiration of certificates - reprinting and renewal of certificates without having to recreate the certificate from scratch - generation of discrepancy letters for incoming certificates that do not meet minimum standards - automation of AM Best ratings and financial strengths of insurers for evaluation of incoming certificates 		
6.114		The system should support storage, review and reproduction of industry-standard forms (ISO & Accord) digitally updated in the system for inclusion in / attachment to policies.	2	
7.	LOSS PREVENTION	GENERAL:		
7.101		<p>The system must provide a feature to track data related to scheduling and conducting audits as well as documenting audit findings and related resolutions including (at a minimum):</p> <ul style="list-style-type: none"> - Assigned Loss Prevention Specialist - Type of audit - Property identification number - Location code - Date audit began - Date audit ended - Pass/Fail flag 	1	
7.102		<p>The system must support the scheduling of property appraisals including (at a minimum):</p> <ul style="list-style-type: none"> - Property identification number - Assigned Loss Prevention Specialist - Legal description - Building square footage - Building name - Related property photographs / digital images 	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - Type of appraisal - Date appraisal began - Date appraisal ended - Conveyance data (vendor, vendee) - Purchase price - Date of purchase - Appraisal value - Replacement value - Parish - Region - Site 		
7.103		The system should have the ability to provide the depreciated value of the item based on the current period and the depreciation method selected by the Claims Adjuster.	2	
7.2	CLAIMS	GENERAL:		
7.201		The system must support self-administration of certain claims.	1	
7.202		The system must have a 'most recently viewed' claims feature to quickly access records previously retrieved.	1	
7.203		The system must support on-line incident / accident / claim reporting and have a feature to differentiate what is being reported as well as generate First Reports of Injury from this initial entry.	1	
7.204		The system must support workflow management including supervisory access, on-line payment approval process, system rejection of unapproved / unauthorized transactions, exception reports of unapproved/unauthorized transactions rejected, prioritization of tasks and easy reassignment as necessary.	1	
7.205		The system must have diary functions with user-customizable fields / triggers that also enable a manager or supervisor to assign tasks, monitor tasks and generate reports that identify open tasks or overdue tasks.	1	
7.206		The system must support multiple, customizable levels of location tracking for a complex hierarchical structure for premiums and claims / incident	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		occurrences and also provide an audit trail of changes.		
7.207		The system must support automatic reserve-setting in accordance with system-developed analyses and/or user-defined rules.	1	
7.208		The system must support the definition and maintenance of a medical fee schedule, i.e., a user-configurable rules engine to support U&C and PPO re-pricing.	1	
7.209		Dates must be maintained within the system that specifies the statute of limitations for the claim. Processes must be created that generate a diary entry to the Claims Adjuster and e-mails the Claims Adjuster and Supervisor as the claim nears the statute of limitations date.	1	
7.210		E-mails will automatically be generated to the primary party's e-mail address (when the Claims Adjuster has entered the address) on user-defined events (claim entry complete, initial payment, claim closed, etc.).	2	
7.211		Payment information, for Direct Deposit and similar transactions, should automatically be e-mailed to the vendor/payee when an e-mail address is available.	2	
7.212		The system must have a feature to maintain an address list of contact information for each claim for various mail out capabilities and mailing label generation.	1	
7.213		Support for receipt of First Reports of Injury must be provided via but not limited to: <ul style="list-style-type: none"> - Web-site: The web page should be pre-defined with the fields needed to complete the initial claim entry. - E-mail: The pre-formatted e-mail information should be received and populate the claim information. - US Postal Mail, telephone, and walk-in: The Claims Adjuster must enter the initial claims information manually. 	1	
7.214		Fields must be available to enable the Claims Adjuster to maintain contact names, contact addresses, dates of contact and actions. E-mails should be sent to the Claims Adjuster based on trigger events alerting the Claims Adjuster of the need to contact the claimant and/or update the status of the claim.	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
7.215		The initial entry of a claim via one of the previously noted methods must trigger the generation of a claim number. If the information needed to begin processing the claim is incomplete, the claim should have a status of 'pending' and should be reported via e-mail to the Claims Adjuster and the Claim Adjuster's supervisor on a weekly basis until the claim is completed or closed.	1	
7.216		The system must support tracking of a user-defined task list of steps (workflow) that must be completed prior to a claim achieving an 'open/active' status. The system will mark all automated functions as complete requiring the user to check off any manual processes on their completion. The user should have the ability to view the outstanding issues of this task list at any time. Once all items are completed, the claim is moved into an 'open/active' status.	1	
7.217		The claims that were initiated via electronic means should send an automated return e-mail to the claim submitter (whenever an e-mail address is known) acknowledging the receipt of the information and advising of the assigned claim number. In the event of a non-electronic entry, a future diary should be created for the Claims Adjuster as a reminder to notify the parties involved of the claim entry.	2	
7.218		An on-line summary screen must be available that provides overall information regarding the claim including reserve rollups, payment rollups, demographic and geographic claims information. This screen should provide the supervisors an opportunity to review the claim without requiring movement through multiple screens to view the information. The screen should provide links to the detailed information in the event further information may be needed.	1	
		<p>The system must provide a flexible feature which supports tracking of all pertinent information related to claims. The system must track, at a minimum, the following basic claim data for each type of claim as applicable:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Policy number - Assigned Adjuster code 	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - Date Adjuster assigned - Organization/location code - Claim type code - Claim status code – pending, denied, open, closed - Claim status date - Date Incident / Accident occurred - Date Incident / Accident reported - Date Incident / Accident recorded - Reserve amounts by category with dates 		
7.3		WORKERS' COMPENSATION:		
7.301		<p>The system must provide a flexible feature which supports tracking of all pertinent information related to workers' compensation claims. The system must track, at a minimum, the following basic data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Claimant's SSN - Claimant's date of hire - Claimant's date of birth - Claimant's date of death - Claimant's name - Claimant's address with parish code – home, mailing, work, etc. - Claimant's telephone number – home, work, cell, etc. - Dependent data – number, name, age, etc. - Gender code - Race code - Marital status code - Severity code - Injury code - Part of body code - Nature of injury code - Cause of injury / illness code - Pre-existing flag - Last day worked 	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - Return-to-work date - Voc Rehab flag - Date Voc Rehab began - Date Voc Rehab ended - Med Rehab flag - Date Med Rehab began - Date Med Rehab ended - Date of Maximum Medical Improvement - Percent of impairment 		
7.302		The claimant's classification for workers' compensation (occupation code) must be stored in the system	1	
7.303		The system must provide the capability to link multiple claimants/claims related to one incident.	1	
7.304		Maximum and minimum temporary compensation rates and waiting periods must be stored and applied for temp compensation claims.	1	
7.305		The system must calculate the compensation rate not to exceed two-thirds of the Average Weekly Wage.	1	
7.306		Temporary partial wages must be calculated by the system regardless of the length of the coverage period (not a 7-day period).	1	
7.307		The system must enable the Claims Adjuster to move a claim from one type of compensation to the next. The system must support the change in compensation type for a previously paid period.	1	
7.308		The system should maintain a calendar showing week-end days. The Claims Adjuster should be allowed to specify when holidays and week-end days are to be paid on an exception basis.	2	
7.309		Once all compensation payments have been made and there are no pending bills or estimated subrogation amounts, the system must zero out reserve totals and begin the process of closing the claim.	1	
7.310		The system must provide for calculation and payment of split compensation periods.	1	
7.311		The system must support the generation of advance payments that would reduce any final permanent award amount.	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
7.312		Medical-only claims below a user-specified dollar amount must be automatically processed, i.e., the claim is entered into the system and allowed to process without user intervention unless the claim changes status to become loss-time or the dollar amount of the claims rises above the maximum dollar limit.	1	
7.313		Medical contact information must be maintained by the system.	1	
7.314		The system must provide for the entry of medical diagnosis, treatment and scheduled appointments.	1	
7.315		The system must provide the capability to track multiple claimants / plaintiffs on one claim / per occurrence basis.	1	
7.316		The system must provide the capability to track multiple adjusters assigned to the one claim.	1	
7.4		CLAIMANT PAYMENTS:		
7.401		<p>The system must provide a flexible feature which supports tracking of all pertinent information related to claimant / benefits payment. The system must track, at a minimum, the following basic payment data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Amount paid to with percentage paid – claimant, attorneys, dependents, etc. - Payment status - Date payment processed - Payment transaction id / check number(s) - Date transaction / check honored - Explanation of benefits 	1	
7.402		The system must have a feature that calculates and supports recurring payments as well as one-time payments.	1	
7.403		The system must have a feature to specify the payment cycle for recurring payments (e.g., Wednesdays, bi-weekly, monthly, etc.).	1	
7.404		The system must have a feature to enable recurring payments to continue until they have met the user-determined end date, the maximum payment amount or the number of cycles set to pay.	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
7.405		The system must have a feature to trigger the system to make automatic adjustments to a claim (resulting in the establishment of transactions set to recoup or pay the off-setting amounts) when there is a reduction in the period, number of cycles or paid amount for a previously paid cycle.	1	
7.406		The system must prevent the payment of the same period to the same payee.	1	
7.407		The system must generate a notification / report showing all payments of claims that a Claims Adjuster is responsible to oversee.	1	
7.408		The system must verify that the total amount of payments to multiple payees on the claim does not exceed 100% of the total compensation rate for the claim.	1	
7.409		A process must be run nightly that calculates the next payment amount for all active claims. Any claims that appear to be approaching the reserve limit should be flagged and the Claims Adjuster alerted to review the claim.	1	
7.410		Payments that exceed reserves must be suspended by the system and the Claims Adjuster notified. Once the reserves are adequate for the scheduled payment, the payment will automatically begin processing and pay any payments that might have been missed while the payment schedule was suspended.	1	
7.411		Each user must have an assigned limit defining the maximum dollar amount allowed to be entered for an individual payment as well as a maximum dollar amount limit for the nightly process. Any claim exceeding that limit will be suspended and require supervisor approval. When the payment of this claim is suspended, the system should automatically record a diary message to the Claims Adjuster as well as notify the Claims Adjuster and the Claims Adjuster's supervisor via e-mail.	1	
7.412		The system must provide a Claims Adjuster with the ability to preview the next scheduled payment for the payee. In addition to this payment preview, the system should provide the ability for the Claims Adjuster to generate a manual check based on the preview information.	1	
7.413		The system must have the ability to provide payments based on the Jones Act payment schedule.	1	
7.414		The system must have the ability to create payments via: checks, direct	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		deposits and wire transfers.		
7.415		Any overpayment in amounts paid out must create an off-setting entry against the claimant, attorney and/or other payee.	1	
7.416		Payment history must be provided on-line enabling the Claims Adjuster the ability to query all payments for the claim, a particular check or a particular type of compensation paid.	1	
7.417		The actual payments, reserves, pending payments, incurred amounts must be visible on-line. This information must be visible based on compensation type and time period with summary and detail information available.	1	
7.418		The system must track the reserved and expensed amounts based on reserves groupings as payments are made through the system.	1	
7.419		The system must allow for multiple lien holders against the claim (child support, etc.) as well as recording the lien holder's case number. The user must have the ability to enter the cycle amount as well as the maximum amount to pay the lien holder. The lien must have an effective date and end date enabling a Claims Adjuster to start and stop the lien payments as needed. Payments must automatically be generated to the lien holder via check, direct deposit, wire transfer, etc. as itemized earlier for the claimant payment.	1	
7.420		Multiple payments made to the same payee should have the ability to be joined onto one document (check, direct deposit, wire transfer, etc.) or separated onto individual documents. A Claims Adjuster should have the ability to specify which method is used on a claim / payee basis.	2	
7.421		The system must have the ability to void payments to reissue a check.	1	
7.422		The system must have the ability to void payments to cancel a period that was paid in error.	1	
7.423		Payment documents must include, for historical information, the payee's name as well as the payee's address and account information (bank information for direct deposit or wire transfer) when it applies.	1	
7.424		Loss time payments must be based on the compensation rate.	1	
7.425		Multiple payees:	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - may participate in a part of the compensation rate. - a Claims Adjuster must have the ability to specify a percentage or dollar amount to pay a payee. - the system must verify that the total of all payees does not exceed 100% of the compensation rate. - if one payee is inactivated, the remaining payees should be recalculated so that 100% of the compensation rate is paid for the period. 		
7.426		The system must calculate the AWW based on the entry of previous payment periods.	1	
7.427		Changes in AWW must recalculate the compensation rate. Any period previously paid and affected by the AWW change should trigger the system to recalculate the period and determine if overpayment or underpayment transactions exists. If the calculation results in an overpayment / underpayment to any of the payees, the offsetting entry should be set to be paid / recovered during the next payment cycle(s). In the case of an overpayment on a closed period, the system should generate an overpayment to be recouped whenever this payee is paid in the future.	1	
7.428		Changes in the compensation rate or days worked for partial disability claims must recalculate the compensation rate and any period previously paid affected by the change. If the calculation results in an overpayment / underpayment to any of the payees, the offsetting entry will be set to be paid / recovered during the next payment cycle(s). In the case of an overpayment on a closed period, the system should generate an overpayment to be recouped whenever this payee should be paid in the future.	1	
7.429		Wages may be entered based on any calendar grouping (weekly, semi-monthly, annual)	1	
7.430		The system must be able to track and recoup payments from the SIF.	1	
7.431		Refunds must be credited back to payees.	1	
7.432		Overpayments must reduce the amount of future payments to the payee.	1	
7.433		The system must determine if Supplemental Earnings Benefits (SEB) earning	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		apply for those employees that earn less than 90% of his/her AWW. If claimant is eligible for SEB then the system should automatically create a payment cycle to fulfill the obligation.		
7.434		With regards to holidays, the payment process must be made flexible to allow the payment to be generated prior to the normal scheduled payment date but pay through the normal scheduled payment date. Example: If the date scheduled to pay is Wednesday and Wednesday is a holiday, the system should pay on Monday all payments that are due on Wednesday and calculate those payments through Wednesday.)	1	
7.5		MEDICAL BILL PAYMENT:		
7.501		<p>The system must provide a flexible feature which supports tracking of all pertinent information related to medical bill payment. The system must track, at a minimum, the following basic payment data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Bill number / unique identifier - Vendor / Medical Provider tax id - Dates of service - ICD9 - CPT - Date bill received - Date bill entered - Amount billed - Amount to be paid / fee schedule amount - Billing address with parish code - Payment status - Date payment processed - Payment transaction id 	1	
7.502		Payment information must be displayed on-line as well as via requested reports based on user selection criteria. The user should have the capability to request information on one or multiple vendors, by effective date range, payment status, payment amounts, vendor groupings (attorneys, doctors, etc.) or any combination of these selections.	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
7.503		The bill payment process must be able to detect duplicate payments including those based on bundled codes.	1	
7.504		Duplicate bills must be suspended and only processed if the Claims Adjuster releases the bill for further payment.	1	
7.505		The bill pay engine must be maintainable for updates to CPTs, fee schedules and unbundled procedure information.	1	
7.506		The system must store multiple fee schedules based on managed care and non-managed care charges. As bills are entered, the application should identify which manage care organization, if any, is referenced and automatically calculate any automatic reduction to the bill.	2	
7.507		For bill entry of items that have a set amount (i.e., mileage) the user must only enter the number of units (miles) and the system will compute the amount of the extended payment.	1	
7.508		The system must have the ability to determine the proper reserve group and adjust the incurred amount for the specific reserve grouping as payments are generated and voids, refunds, and recouped amounts are received.	1	
7.509		The system should maintain discounts as a whole and/or by procedure given by the vendor to ORM. As a bill is paid, the discount amount should be applied to the bill.	2	
7.510		The system must track the amount submitted to be paid by the vendor and the amount actually paid by ORM. Any reductions in submitted amount should require a reason that will be automatically generated when discounts are applied.	1	
7.6		SUBROGATION / RECOVERY:		
7.601		<p>The system must provide a flexible feature which supports tracking of all pertinent information related to subrogation / recovery. The system must track, at a minimum, the following basic data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Attorney(s) involved - Gross recovery by reserve category - Net recovery by reserve category - Reason for recovery 	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
7.602		All parties involved in a subrogation case must be stored in the system.	1	
7.603		References to actual payment dates, invoices, bills and compensation coverage type must be shown to connect the refund to the actual payment.	1	
7.604		Claims must remain in 'open' status until subrogation is complete. Once full release is obtained and the claim moves to a 'closed' status, any future payments must be prohibited.	1	
7.605		Notes, diaries, schedules and litigation tracking must be available for use to subrogation staff.	1	
7.7		ROAD HAZARDS:		
7.701		<p>The system must provide a flexible feature which supports tracking of all pertinent information related to road hazards claims. The system must track, at a minimum, the following basic data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Claimant's operator's license number - Vehicle description (vehicle id number, license plate number, make, model, year, body style, etc.) - Blood-alcohol level - Vehicle owner information - Weather condition code - Road surface condition code - Incident / Accident location with parish code- city, identification of state bridge, tunnel, dam, street, road, highway, or expressway, GPS location - Time of day code 	1	
7.8		COMMERCIAL GENERAL LIABILITY:		
7.801		<p>The system must provide a flexible feature which supports tracking of all pertinent information related to commercial general liability claims. The system must track, at a minimum, the following basic data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Police report data 	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<ul style="list-style-type: none"> - Vehicle description (vehicle id number, license plate number, make, model, year, body style, etc.) - Blood-alcohol level - Vehicle owner information - Weather condition code - Road surface condition code - Property identification number - Organization/location code - Incident / Accident location with parish code- city, identification of state bridge, tunnel, dam, street, road, highway, or expressway, GPS location - Time of day code 		
7.802		In the case of a multiple vehicle accident, the system must support the capture of data related to all vehicles involved in the accident as well as any property owner and property description of any movable or immovable property affected.	1	
7.9		MEDICAL MALPRACTICE:		
7.901		<p>The system must provide a feature which supports tracking of all pertinent information related to medical malpractice claims. The system must track, at a minimum, the following basic data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Medical Review Panel date(s) - Medical Review Panel number - Medical provider tax id - Medical provider address with parish code – physical, mailing, billing - Dates of service - ICD9 - CPT - Settlement award data 	1	
7.10		TRANSPORTATION:		
7.1001		The system must provide a feature which supports tracking of all pertinent	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<p>information related to transportation claims. The system must track, at a minimum, the following basic data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Police report data - Witness data - Vehicle description (vehicle id number, license plate number, make, model, year, body style, etc.) - Blood-alcohol level - Weather condition code - Road surface condition code - Incident location with parish code – city, identification of state bridge, tunnel, dam, street, road, highway, expressway, GPS code, waterway - Time of day code 		
7.11		PROPERTY:		
7.1101		<p>The system must provide a feature which supports tracking of all pertinent information related to property claims. The system must track, at a minimum, the following basic data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Organization/location code - Property identification number - Police report data - Witness data - Claim type code - Cause of incident - Incident / Accident location with parish code - identification of state bridge, tunnel, dam, street, road, highway, expressway and/or GPS code - Time of day code 	1	
7.12		LITIGATION:		
7.1201		The system must provide a flexible litigation tracking feature which supports maintenance of all pertinent information related to litigated claims. The	1	

ID	BUSINESS UNIT	FEATURE DESCRIPTION	FEATURE PRIORITY	PROPOSER RESPONSE
		<p>system must track, at a minimum, the following basic data:</p> <ul style="list-style-type: none"> - Claim number / Unique system-generated claim identifier - Suit date and description (may be multiple suits per claim) - Attorneys (Defense(State, Contract), Plaintiff) - Defendants (other than State) - Witness (Party/Eye, Character/Lay, Expert) - Hearing and Deposition data - Subpoena data - Reconventional demands - 3rd-Party suits - Status of the case - Pending / scheduled actions with dates - Judicial district / Court division - Parish code - Docket number - Judge assigned - Offer / demand negotiation data - Settlement award data - Verdict / outcomes data - Billing data - DRL assignment date - DRL number 		
7.1202		Litigation data must be maintained and be available on-line to Claims Adjusters, contract managers, accounting personnel, attorneys and investigators as applicable.	1	